

SUMMER FOOD SERVICE PROGRAM FIRST-WEEK VISIT WAIVER REQUEST

Sponsor Name: _____

Vendor Number: _____

Agreement Number: _____

Fax Number: _____

Complete the information below for each site you are requesting the first-week visit waiver. Due to the possibility of staff being transferred to a different site or finding other employment, it is recommended that you list all staff assigned to the Summer Food Service Program. We will use this information to approve next-year's first-week site visit waivers. Experienced personnel are those who operated the site successfully last year, with little or no operational problems, and will continue to operate the same site.

Site Name:	Site Number:
Beginning with the experienced personnel, list all staff assigned to this site in the space below.	How long has this staff been operating this site?
For State Use Only - Check (√) the space for → → each site approved to waive the first-week visit.	Approved ()

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State Agency Approval	
Initial: _____	Date: _____

